



Department of Public Health and Human Services

Addictive and Mental Disorders Division,  
Chemical Dependency Bureau

## **Montana Prevention Needs Assessment Survey Results for 2008**

### **Results for Southwest CD Program**

**This report was prepared for the State of Montana by:**  
Bach Harrison, L.L.C.  
116 South 500 East  
Salt Lake City, UT 84102  
801-359-2064

---

# Introduction

## 2008 State of Montana Prevention Needs Assessment Survey

### Summary for Southwest CD Program

This report summarizes the findings from the State of Montana Prevention Needs Assessment (PNA) Survey that was conducted during the spring of 2008 in grades 8, 10, and 12. For the 2008 survey, schools were also given the voluntary option to survey students in grades 7, 9, and 11. The results for this prevention contractor catchment area are presented along with comparisons to the results for the State of Montana.

The survey was designed to assess adolescent substance use, antisocial behavior, and the risk and protective factors that predict these adolescent problem behaviors. Table 1 contains the characteristics of the students who completed the survey from your area and the State of Montana.

## CONTENTS:

### Introduction

### Montana PNA Survey as a Tool for Building a Strategic Prevention Framework

### Practical Implications of the Assessment

### How to Read the Charts in This Report

### Tools for Assessment and Planning

### Data Charts:

- Substance Use
- Antisocial Behavior
- Risk & Protective Factor Profiles
- Sources of Alcohol

### Risk and Protective Factor Scale Definitions

### Data Tables

### Contacts for Prevention

## The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking, a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors.

**Table 1. Characteristics of Participants**

Student Totals								
Total Students	Area 2004		Area 2006		Area 2008		State 2008	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	65	100	292	100	399	100	16,911	100
Grade								
8	n/a	n/a	160	54.8	134	33.6	6,227	36.8
10	26	40.0	52	17.8	141	35.3	5,810	34.4
12	39	60.0	80	27.4	124	31.1	4,874	28.8
Gender								
Male	34	52.3	145	50.5	198	50.8	8,244	49.6
Female	31	47.7	142	49.5	192	49.2	8,378	50.4
Ethnicity*								
African American	0	0.0	2	0.7	9	2.1	361	1.9
Asian	0	0.0	3	1.0	10	2.3	329	1.8
Hispanic	1	1.5	11	3.8	16	3.7	875	4.7
Native American	0	0.0	6	2.1	16	3.7	1,769	9.6
Pacific Islander	0	0.0	1	0.3	6	1.4	218	1.2
White	61	93.8	254	88.8	373	86.7	14,963	80.8
Other	3	4.6	9	3.1	n/a*		n/a*	

\* For 2008, students could select one or more ethnic/racial categories, and the *Other* category was removed.

# Risk and Protective Factors

Protective factors identified through research reviewed by Drs. Hawkins and Catalano include social bonding to family, school, community, and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior.

Research on risk and protective factors has important implications for prevention efforts. The premise of this approach is that in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that predict the problem. By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance.

The chart at the right shows the links between 19 risk factors and the six problem behaviors. The check marks have been placed in the chart to indicate where at least two well-designed, published research studies have shown a link between the risk factor and the problem behavior.

RISK FACTORS	PROBLEM BEHAVIORS					
	Substance Abuse	Depression and Anxiety	Delinquency	Teen Pregnancy	School Dropout	Violence
<b>Community</b>						
Availability of drugs and firearms	✓		✓			✓
Community laws and norms favorable toward drug use, firearms and crime	✓		✓			✓
Media portrayals of violence						✓
Transitions and mobility	✓	✓	✓		✓	
Low neighborhood attachment and community disorganization	✓		✓			✓
Extreme economic and social deprivation	✓		✓	✓	✓	✓
<b>Family</b>						
Family history of the problem behavior	✓	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓	✓			✓
<b>School</b>						
Academic failure in elementary school	✓	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓	✓
<b>Individual/Peer</b>						
Early and persistent antisocial behavior	✓	✓	✓	✓	✓	✓
Alienation and rebelliousness	✓	✓	✓		✓	
Friends who engage in the problem behavior	✓	✓	✓	✓	✓	✓
Gang involvement	✓	✓	✓			✓
Favorable attitudes toward the problem behavior	✓	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓	✓
Constitutional factors	✓	✓	✓			✓

# The Montana PNA Survey as a Tool for Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programming. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grant description.

## **Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery**

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as survey data.  
**Community Resource Assessment:** It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

**Step 2: Mobilize and/or Build Capacity to Address Needs:** Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

**Step 3: Develop a Comprehensive Strategic Plan:** States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

**Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities:** By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website ([www.westcapt.org](http://www.westcapt.org)) contains a search engine for identifying Best Practice Programs.

**Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail:** Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

## Practical Implications of the Assessment

### No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Montana PNA presented in this report can help your school and community comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

### Measuring State Standards

The Montana PNA Survey data can also be used to measure state standards such as the Media Literacy Standards identified by the Montana Office of Public Instruction.

## How to Read the Charts in this Report

There are five types of charts presented in this report: 1) substance use, 2) antisocial behavior and drinking alcohol and driving, 3) risk factors, 4) protective factors, and 5) sources of alcohol. If your school or community participated in the 2004 and 2006 Montana PNA, then comparison data for those administrations will also be included in the charts. The actual percentages from the charts are presented in tables at the end of this report.

### Substance Use Charts

This report contains information about alcohol, tobacco, and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The three sections in the charts represent different types of problem

behaviors. The definitions of each of the types of behavior are provided following.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Heavy use** includes **binge drinking** (having five or more drinks in a row during the two weeks prior to the survey) and use of **one-half a pack or more of cigarettes per day**.

## How to Read the Charts in this Report, Cont.

### Antisocial Behavior Charts

- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement during the past year** with eight antisocial behaviors: suspended from school, drunk or high at school, sold illegal drugs, stolen a vehicle, been arrested, attacked someone to harm them, carried a handgun, or taken a handgun to school. The charts also report past-month rates of drinking alcohol and driving, and being a passenger with a drinking driver.

### Risk and Protective Factor Charts

The risk and protective factor charts show the percentage of students at risk and with protection for each of the risk and protective factor scales. The risk and protective factor scales measure specific aspects of a youth's life experience that are associated with youth problem behaviors. A definition of each risk and protective factor scale is contained in Table 2. The factors are grouped into four domains: community, family, school, and peer/individual.

- **The Bars** on the risk and protective factor charts, represent the percentage of students whose answers reflect significant risk or protection. There are bars for the last three administrations of the Montana PNA: 2004, 2006, and 2008. By looking at the percentage of youth at risk and with protection over time, it is possible to determine whether the percentage of students at risk or with protection is increasing, decreasing, or staying the same. This information is important when deciding which risk and protective factors warrant attention.

Brief definitions of the risk and protective factor scales are provided in Table 2 following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under *Contacts for Prevention*.

### Sources of Alcohol Charts

The percentage of students who obtained alcohol from 11 specific sources in the past year is shown in charts for each grade. The percentages are based upon only those students who used alcohol in the past year.

### Dots and Diamonds

The dots on the charts represent the percentage of all of the youth surveyed across Montana who reported substance use, problem behavior, elevated risk, or elevated protection. The diamonds represent national data from either the Monitoring the Future Survey (MTF) or the 8-State Norm (described below). It should be noted that since MTF surveys only even grades, no MTF data are available for comparison to schools opting to survey odd grades. A comparison to the state-wide and national results provides additional information for your community in determining the relative importance of levels of ATOD use, antisocial behavior, risk, and protection. Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

### The 8-State Norm

The diamonds on the charts allow a comparison between the levels of risk and protection in your community and a more national sample. The 8-State Norm value for each risk and protective factor scale represents the percentage of youth at risk or with protection for eight states across the country. In developing the 8-State Norm, the contribution of each of the eight states was proportional to its percentage of the national population which helps to make the results more representative of youth nationwide. A comparison between the ATOD use rates from the 8-State database and those from the national Monitoring the Future Survey showed the rates to be very similar, which provides added confidence in the validity of the 8-State Norm.



# Tools for Assessment and Planning

## School and Community Improvement Using Survey Data

### Why Conduct the Prevention Needs Assessment Survey?

Data from the Prevention Needs Assessment Survey can be used to help schools and communities assess current conditions and identify and prioritize local prevention issues.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). The steps outlined here will help this prevention contractor catchment area make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

### What are the numbers telling you?

Review the charts and data tables presented in this report. Using the table below, note your findings as you discuss the following questions.

- Which 3-5 risk factors are of the greatest concern?
- Which 3-5 protective factors are your community's highest priority?
- Which levels of 30-day drug use are of greatest concern?
  - Which substances are your students using the most?
  - At which grades do you see unacceptable usage levels?
- Which levels of antisocial behaviors are of greatest concern?
  - Which behaviors are your students exhibiting the most?
  - At which grades do you see unacceptable behavior levels?

### How to decide if a rate is "unacceptable."

- **Look across the charts** – which items stand out as either much higher or much lower than the others?
- **Compare your data with statewide and national data** – differences of 5% between local and other data are probably significant.
- **Determine the standards and values held within your community** – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

### Use these data for planning.

- **Substance use and antisocial behavior data** – identify issues, raise awareness about the problems, and promote school and community dialogue.
- **Risk and protective factor data** – identify key objectives that will help your school or community achieve its prevention goals.
- **The SPF planning model** – guides your prevention planning process. Use the resources listed on the last page of this report, *Contacts for Prevention*, for ideas about prevention programs that have proven effective in addressing the risk factors that are high in your community and improving the protective factors that are low.

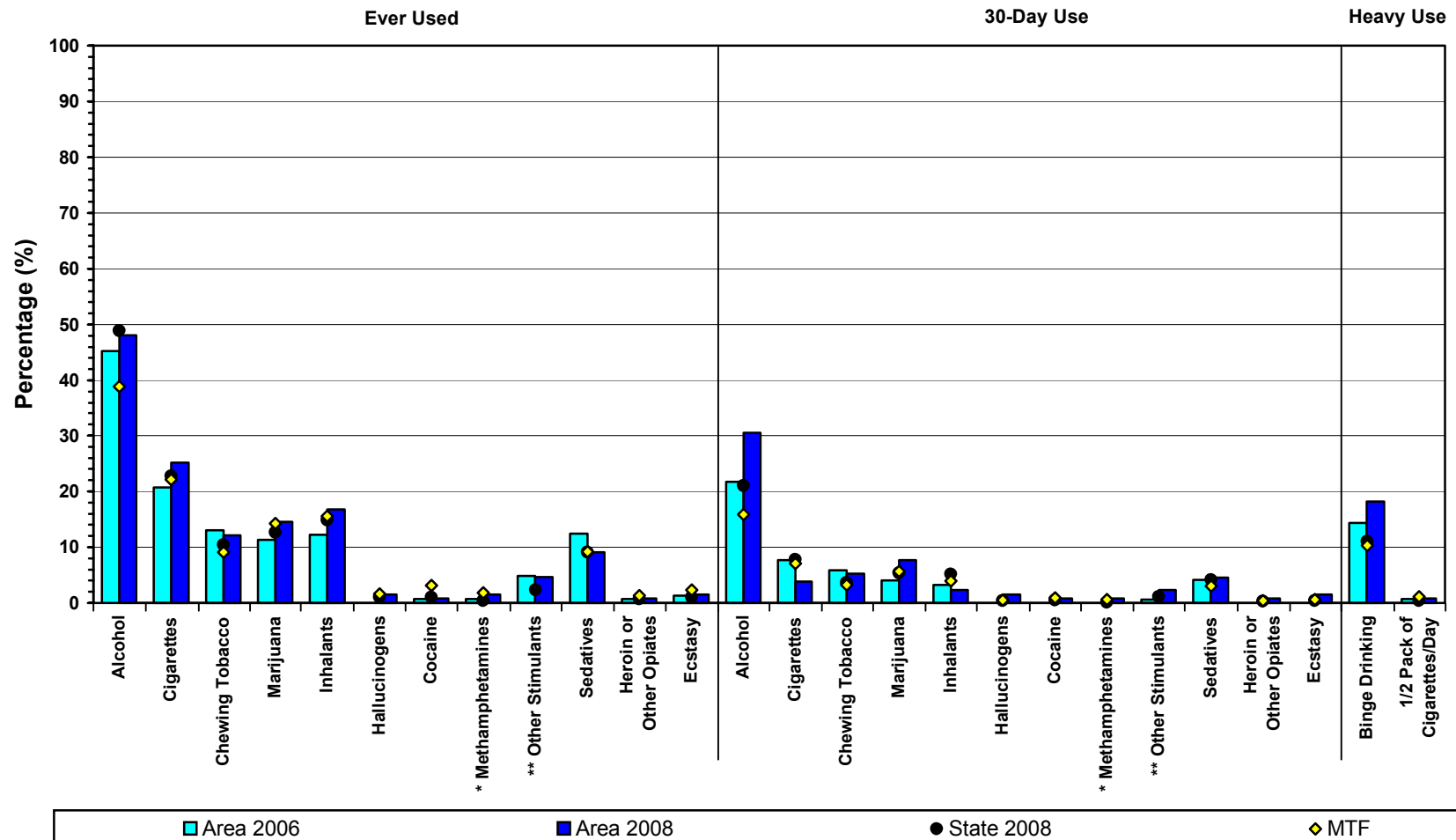
### MEASURE

Risk Factors  
Protective Factors  
Substance Use  
Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

# Substance Use

## LIFETIME, 30 DAY & HEAVY ATOD USE 2008 Southwest CD Program Student Survey, Grade 8



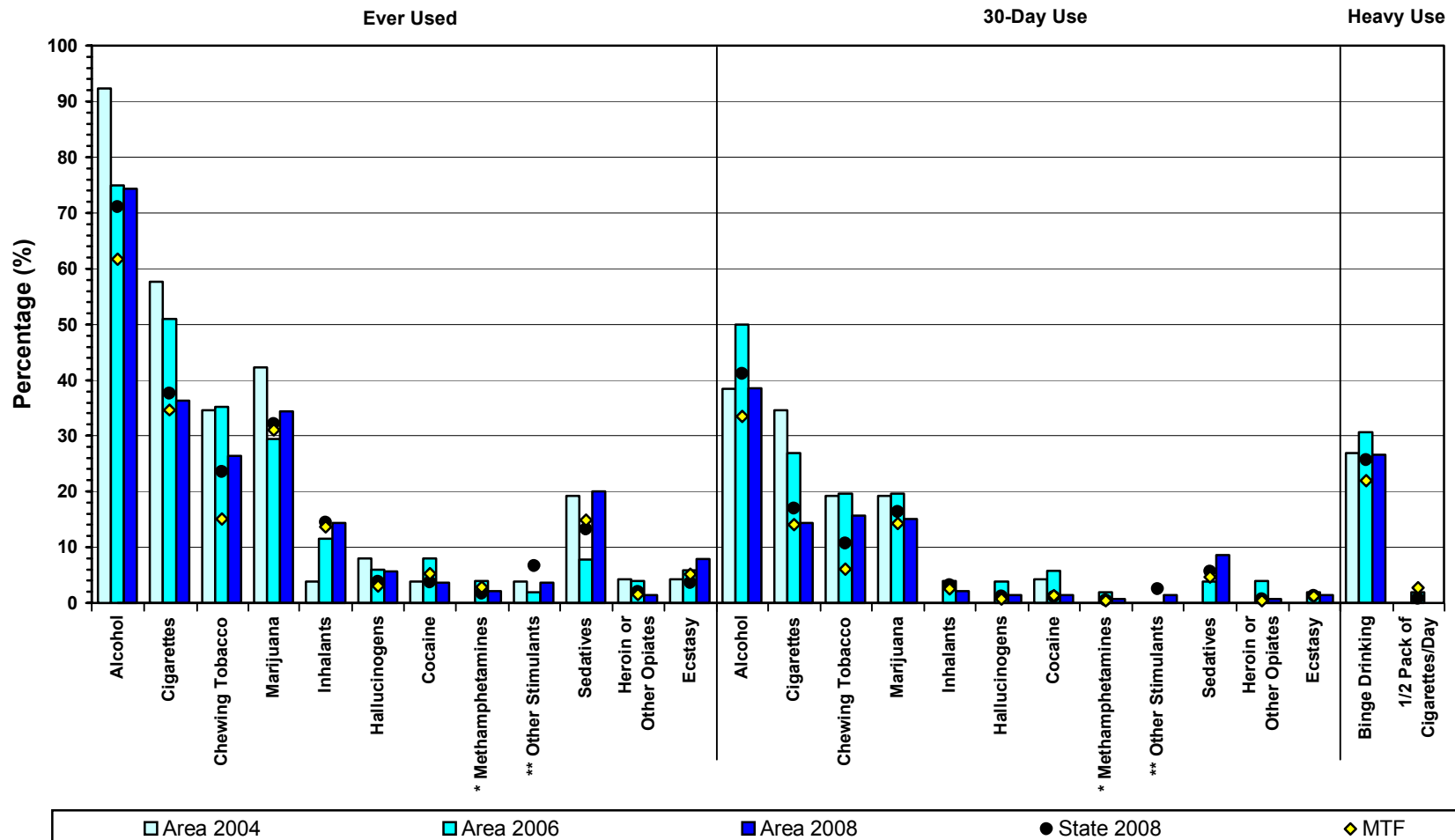
\* Methamphetamines were not measured in survey administrations prior to 2006.

\*\* While remaining roughly equivalent across years, please note there were minor changes in the wording of the Other Stimulants question between 2004 and subsequent administrations. Also, MTF has no equivalent for the Other Stimulants question.



# Substance Use

## LIFETIME, 30 DAY & HEAVY ATOD USE 2008 Southwest CD Program Student Survey, Grade 10

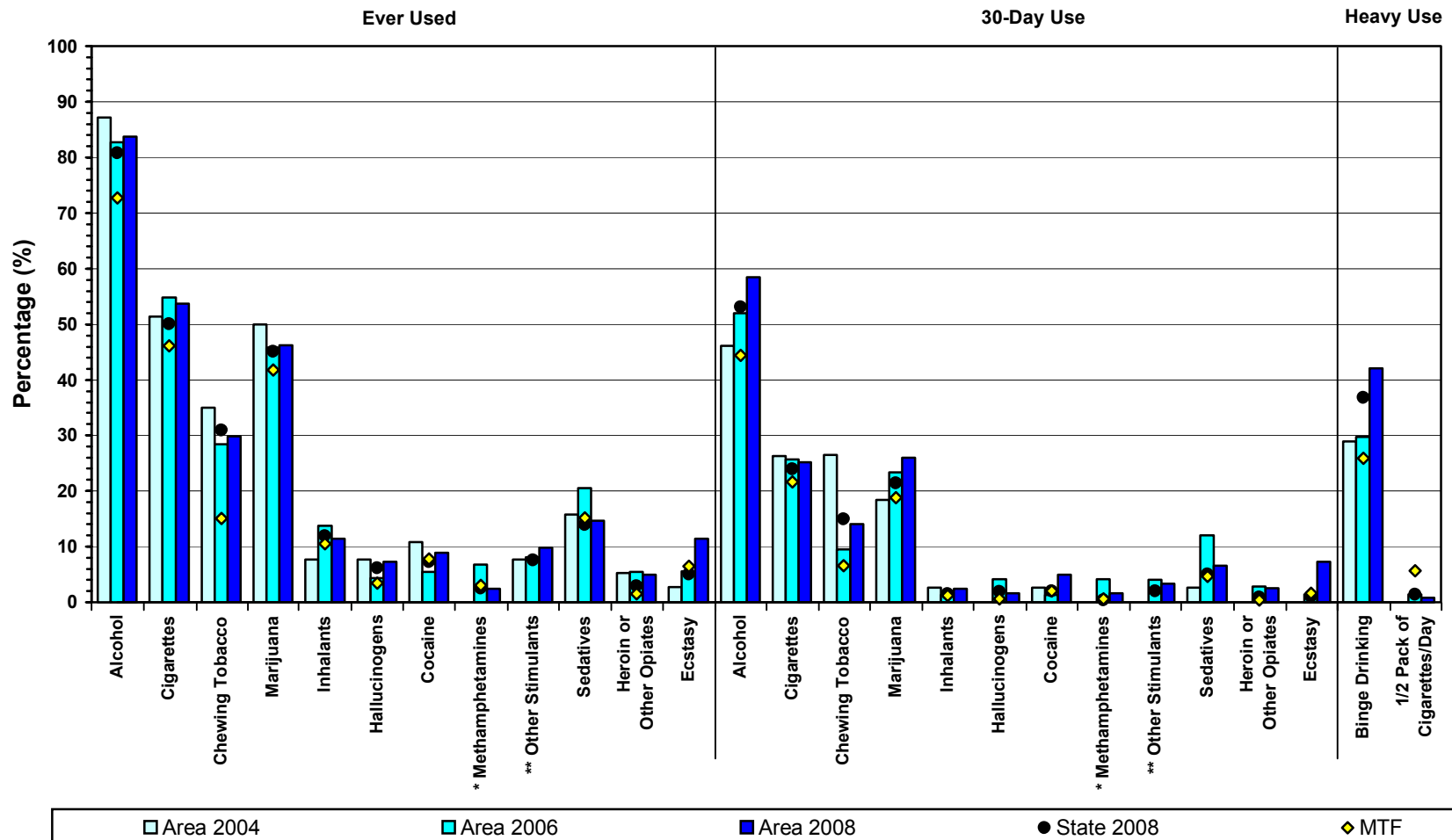


\* Methamphetamines were not measured in survey administrations prior to 2006.

\*\* While remaining roughly equivalent across years, please note there were minor changes in the wording of the Other Stimulants question between 2004 and subsequent administrations. Also, MTF has no equivalent for the Other Stimulants question.

# Substance Use

## LIFETIME, 30 DAY & HEAVY ATOD USE 2008 Southwest CD Program Student Survey, Grade 12

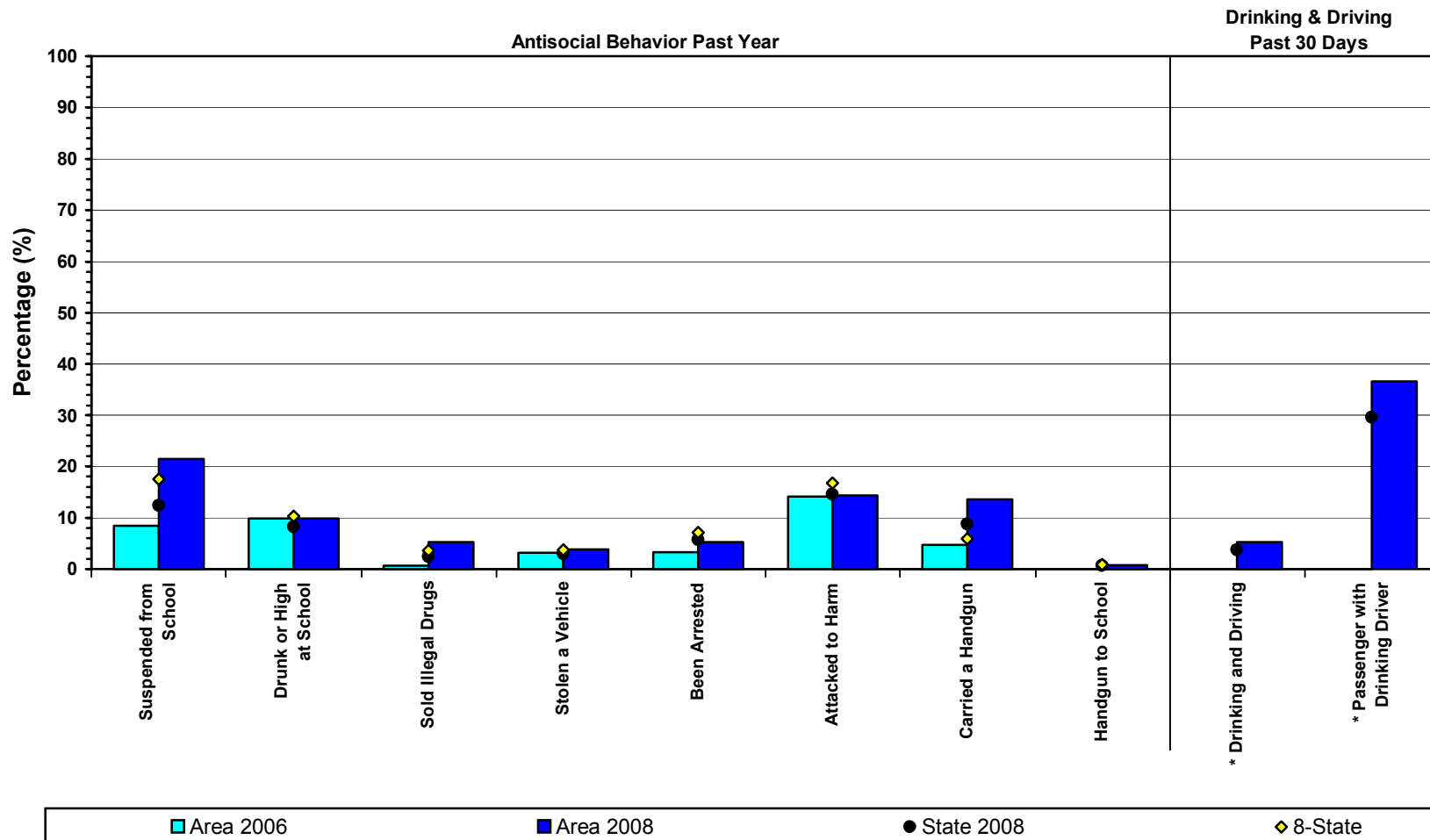


\* Methamphetamines were not measured in survey administrations prior to 2006.

\*\* While remaining roughly equivalent across years, please note there were minor changes in the wording of the Other Stimulants question between 2004 and subsequent administrations. Also, MTF has no equivalent for the Other Stimulants question.

# Antisocial Behavior

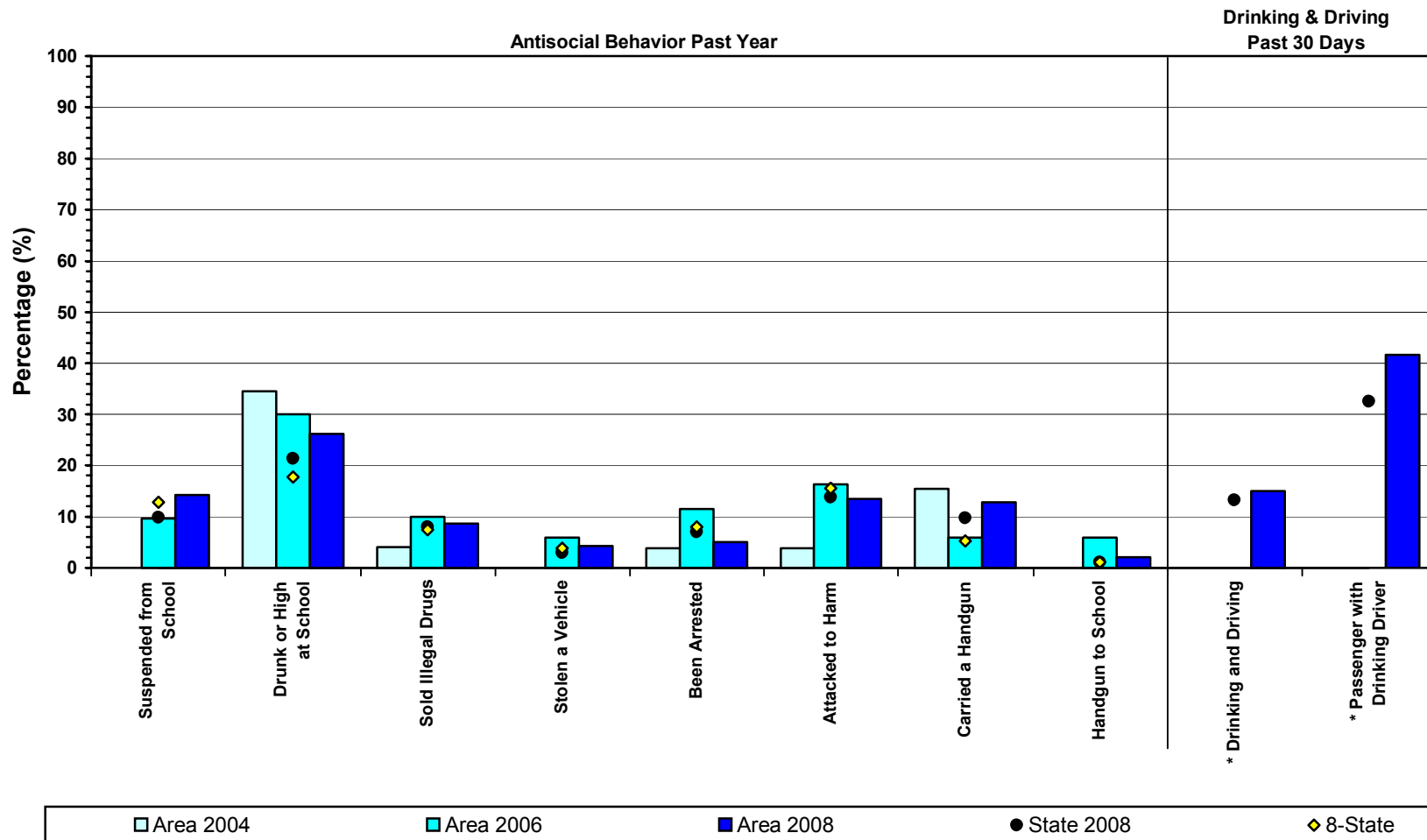
## ANTISOCIAL BEHAVIOR, DRINKING & DRIVING 2008 Southwest CD Program Student Survey, Grade 8



\* These categories were not measured in survey administrations prior to 2008.

# Antisocial Behavior

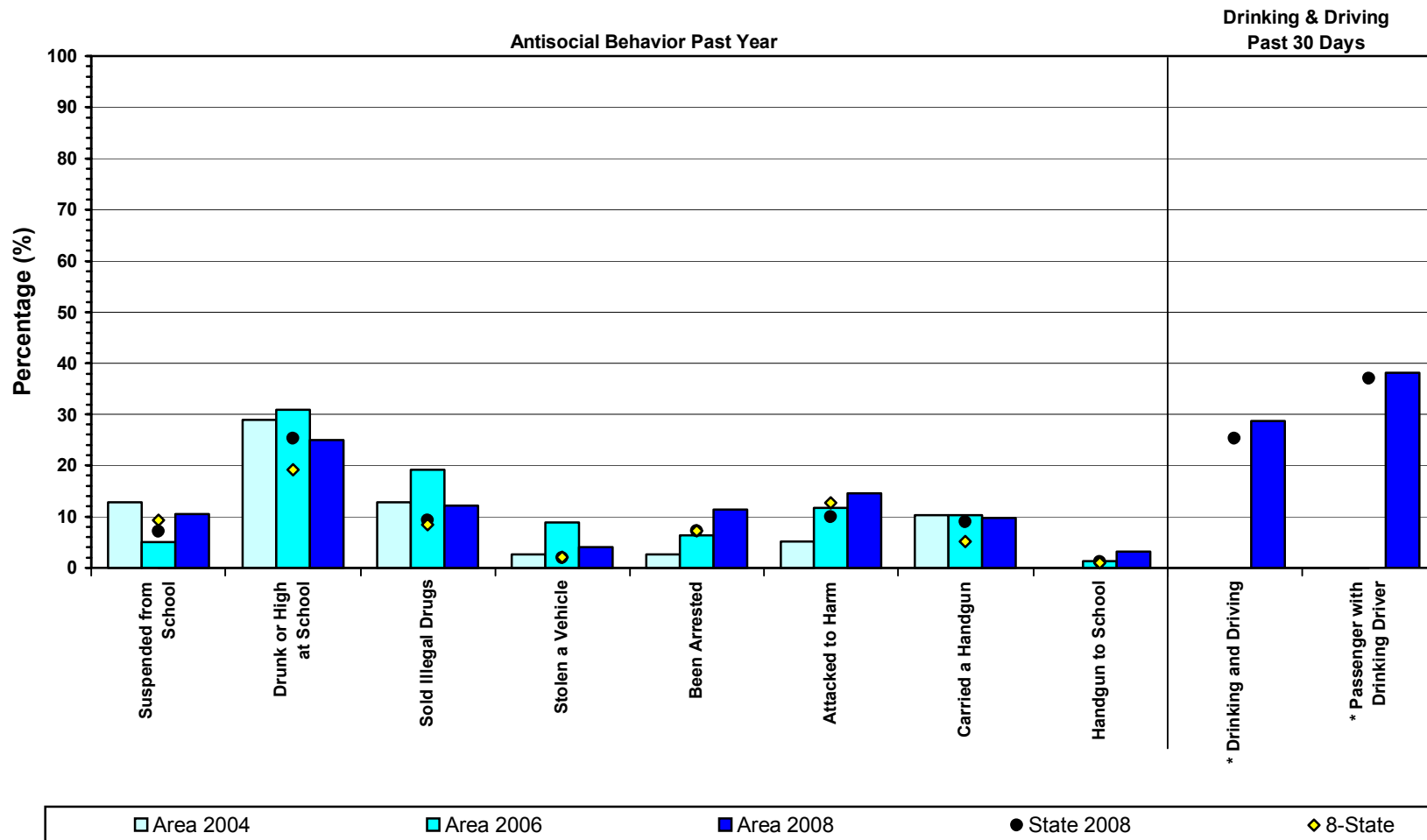
## ANTISOCIAL BEHAVIOR, DRINKING & DRIVING 2008 Southwest CD Program Student Survey, Grade 10



\* These categories were not measured in survey administrations prior to 2008.

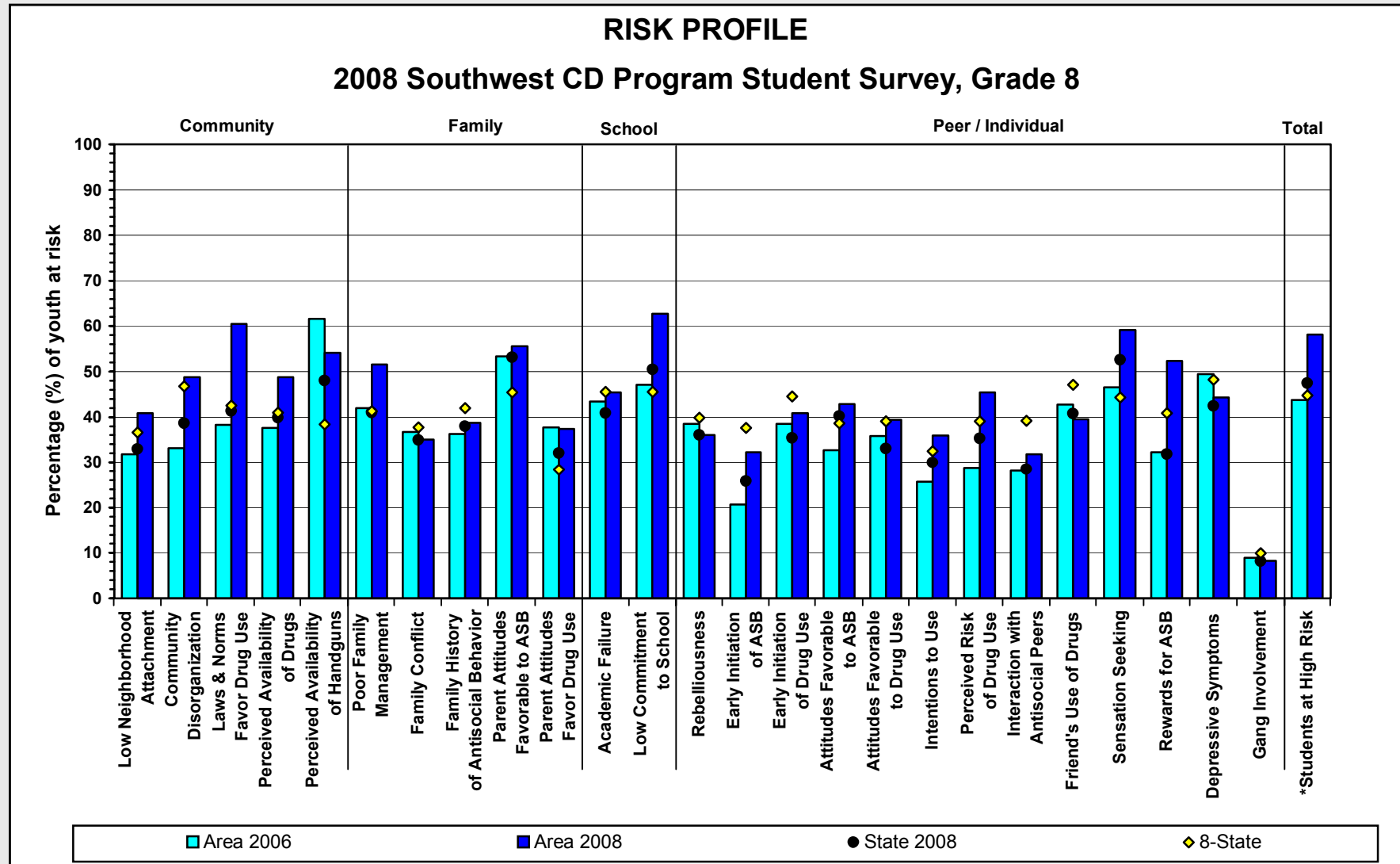
# Antisocial Behavior

## ANTISOCIAL BEHAVIOR, DRINKING & DRIVING 2008 Southwest CD Program Student Survey, Grade 12



\* These categories were not measured in survey administrations prior to 2008.

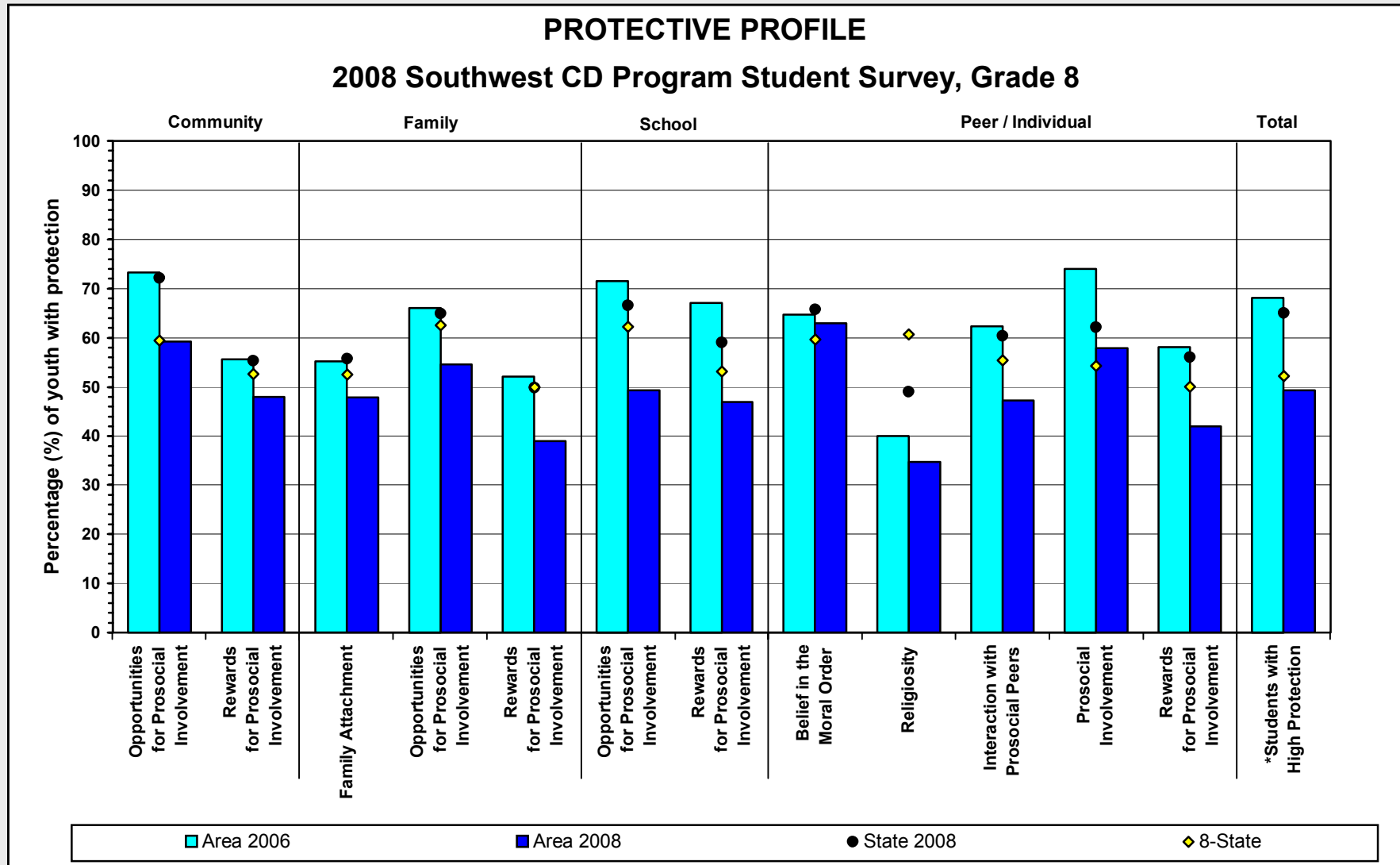
# Risk and Protective Factor Profiles



\* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (8th grade: 8 or more risk factors, 10<sup>th</sup> & 12th grades: 9 or more risk factors.)



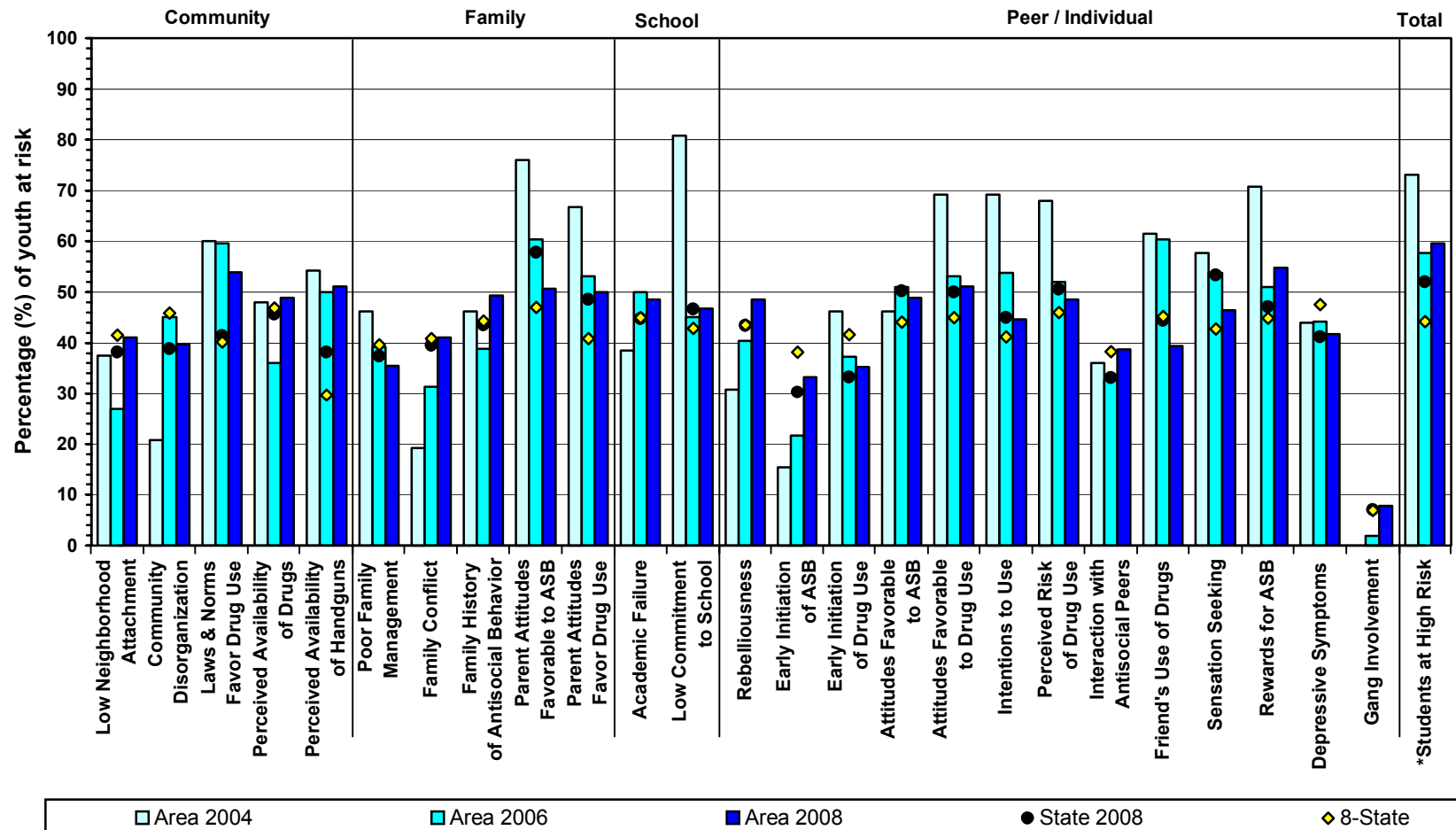
## Risk and Protective Factor Profiles



\* *High Protection* youth are defined as the percentage of students who have five or more protective factors operating in their lives.

# Risk and Protective Factor Profiles

## RISK PROFILE 2008 Southwest CD Program Student Survey, Grade 10

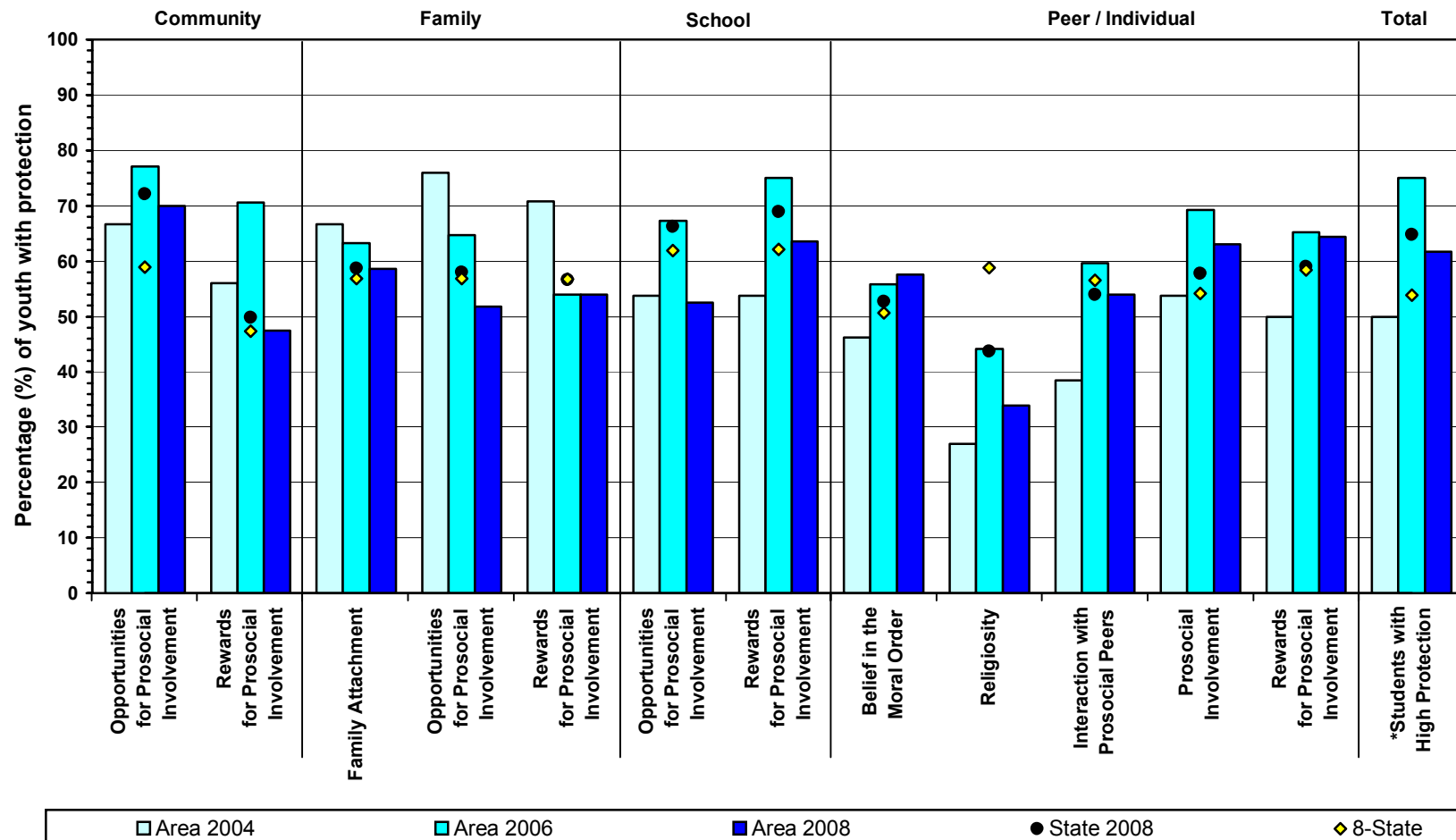


\* *High Risk* youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives.  
(8th grade: 8 or more risk factors, 10<sup>th</sup> & 12th grades: 9 or more risk factors.)

## Risk and Protective Factor Profiles

### PROTECTIVE PROFILE

#### 2008 Southwest CD Program Student Survey, Grade 10

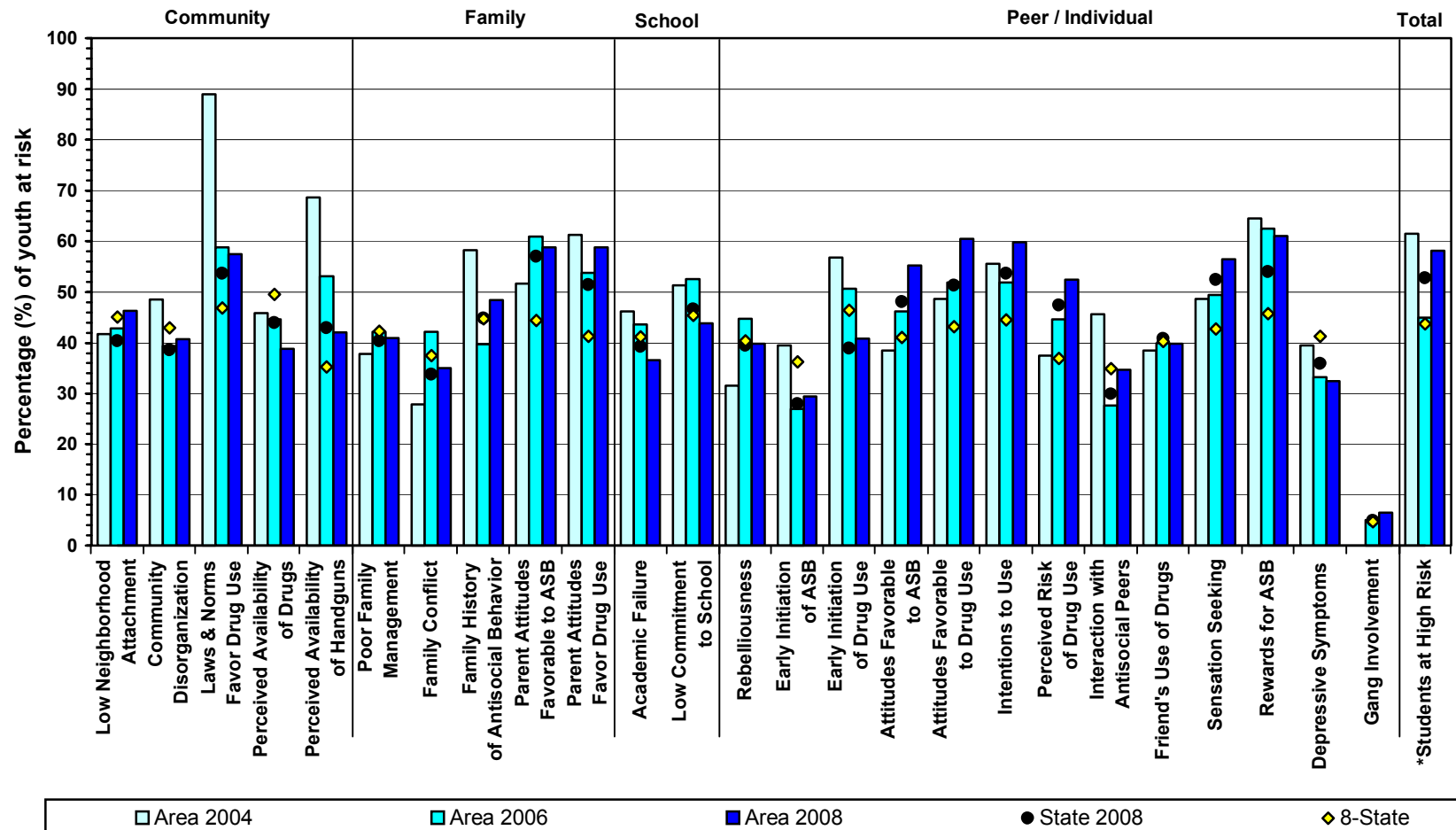


\* High Protection youth are defined as the percentage of students who have five or more protective factors operating in their lives.

# Risk and Protective Factor Profiles

## RISK PROFILE

### 2008 Southwest CD Program Student Survey, Grade 12

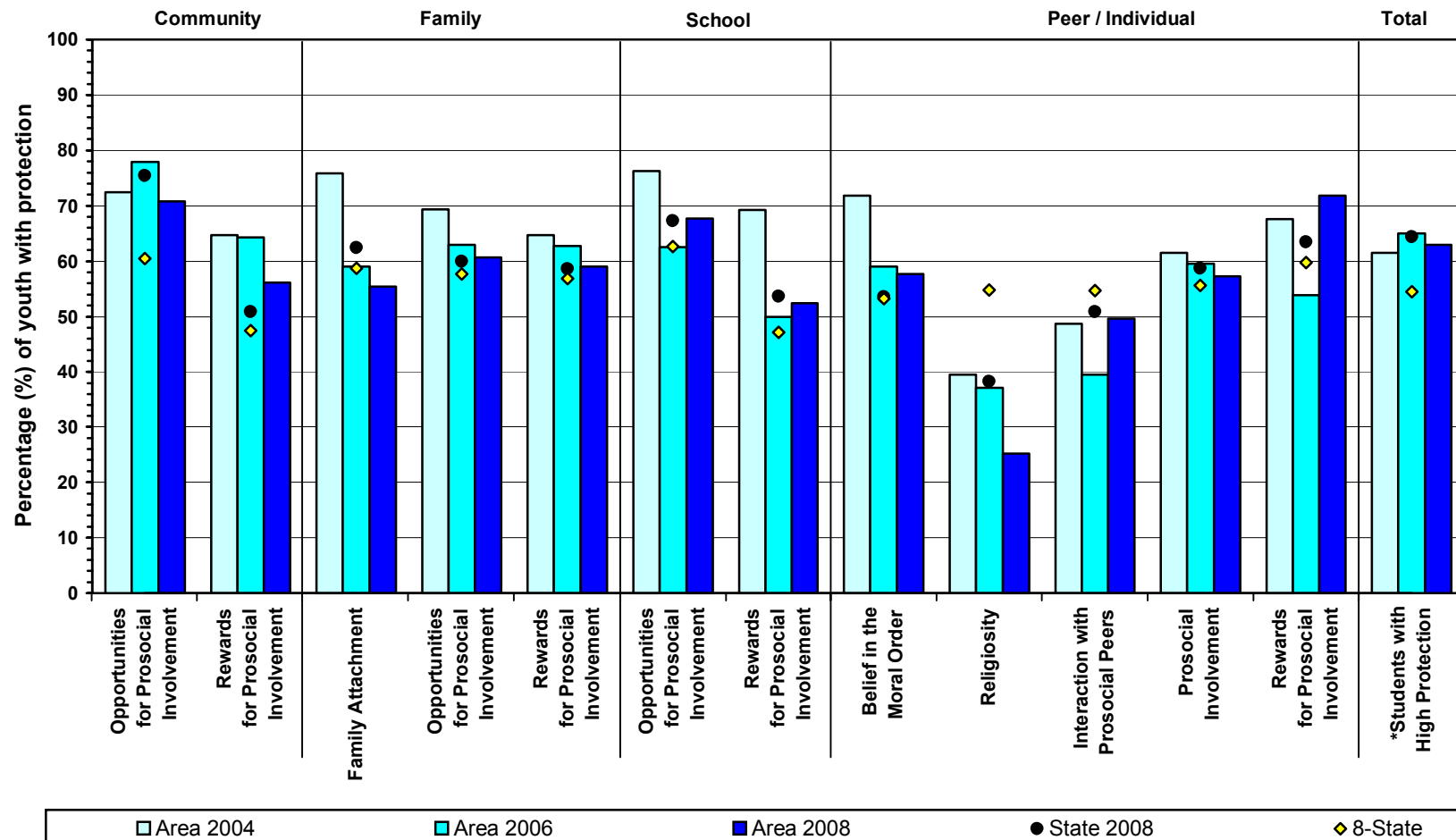


\* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (8th grade: 8 or more risk factors, 10<sup>th</sup> & 12th grades: 9 or more risk factors.)

## Risk and Protective Factor Profiles

### PROTECTIVE PROFILE

#### 2008 Southwest CD Program Student Survey, Grade 12



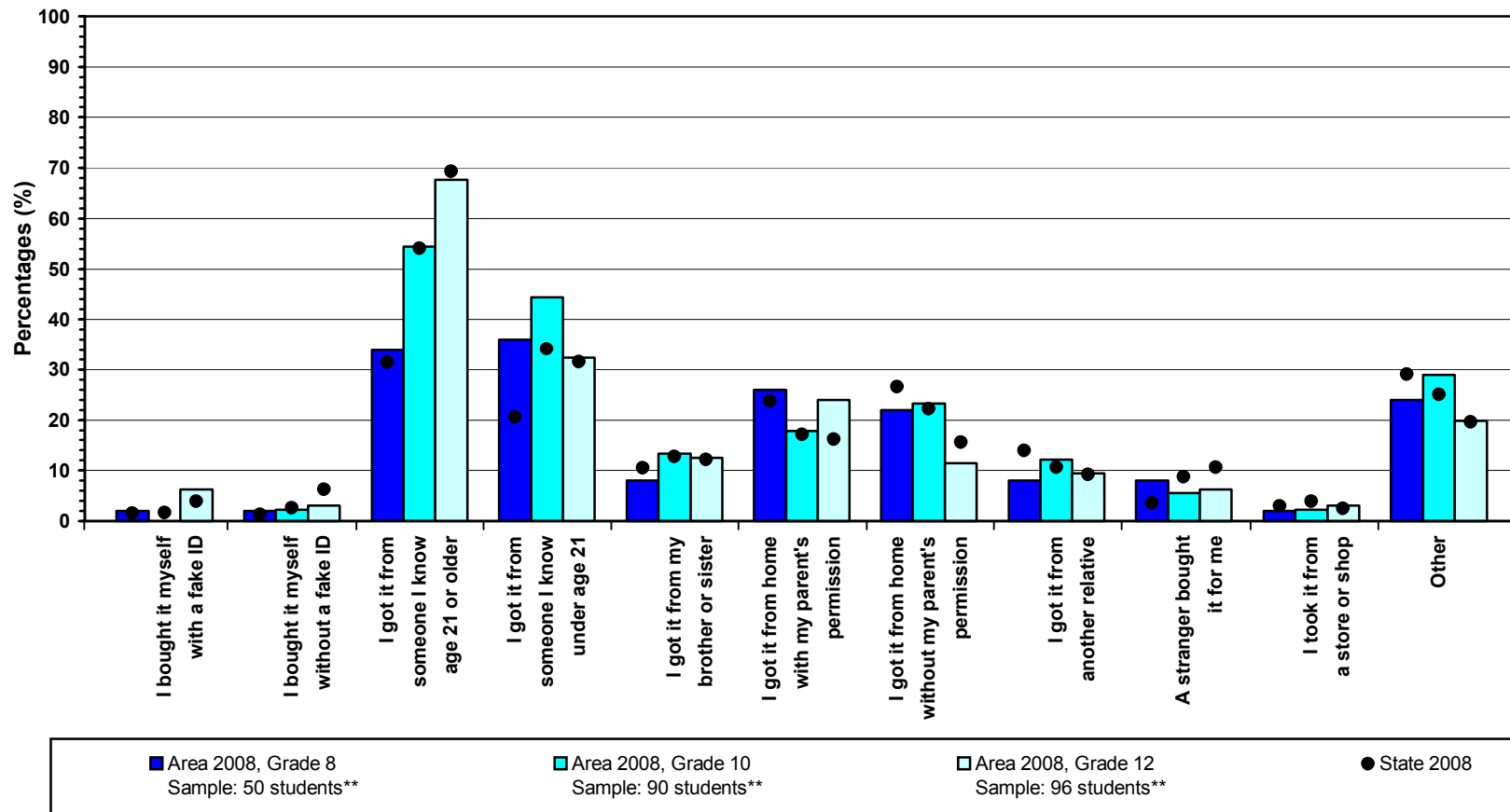
\* High Protection youth are defined as the percentage of students who have five or more protective factors operating in their lives.

## Sources of Alcohol

### SOURCES OF ALCOHOL\*

#### 2008 Southwest CD Program Student Survey, Grades 8, 10 & 12

When I drank alcohol during the past year I...



\*Sources of alcohol were not measured prior to 2008. Also, because not all eight states ask where youth obtained alcohol, no 8-State value is reported.

\*\*Sample size represents the number of students who indicated at least one means of obtaining alcohol. (Students reporting no alcohol use are not represented.) In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.



# Risk and Protective Scale Definitions

**Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles**

<i><b>Community Domain Risk Factors</b></i>	
<i><b>Low Neighborhood Attachment</b></i>	Low neighborhood bonding is related to higher levels of juvenile crime and drug selling.
<i><b>Community Disorganization</b></i>	Research has shown that neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.
<i><b>Laws and Norms Favorable Toward Drug Use</b></i>	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
<i><b>Perceived Availability of Drugs and Handguns</b></i>	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns is also related to a higher risk of crime and substance use by adolescents.
<i><b>Community Domain Protective Factors</b></i>	
<i><b>Opportunities for Prosocial Involvement</b></i>	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
<i><b>Rewards for Prosocial Involvement</b></i>	Rewards for positive participation in activities helps youth bond to the community, thus lowering their risk for substance use.
<i><b>Family Domain Risk Factors</b></i>	
<i><b>Poor Family Management</b></i>	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.
<i><b>Family Conflict</b></i>	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
<i><b>Family History of Antisocial Behavior</b></i>	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
<i><b>Parental Attitudes Favorable Toward Antisocial Behavior &amp; Drugs</b></i>	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
<i><b>Family Domain Protective Factors</b></i>	
<i><b>Family Attachment</b></i>	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
<i><b>Opportunities for Prosocial Involvement</b></i>	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
<i><b>Rewards for Prosocial Involvement</b></i>	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
<i><b>School Domain Risk Factors</b></i>	
<i><b>Academic Failure</b></i>	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
<i><b>Low Commitment to School</b></i>	Surveys of high school seniors have shown that the use of drugs is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.

## Risk and Protective Scale Definitions

Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles (cont'd)

<i>School Domain Protective Factors</i>	
<i>Opportunities for Prosocial Involvement</i>	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
<i>Rewards for Prosocial Involvement</i>	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.
<i>Peer-Individual Risk Factors</i>	
<i>Rebelliousness</i>	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
<i>Early Initiation of Antisocial Behavior and Drug Use</i>	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
<i>Attitudes Favorable Toward Antisocial Behavior and Drug Use</i>	During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
<i>Intention to Use ATODs</i>	Many prevention programs focus on reducing the intention of participants to use ATODs later in life. Reduction of intention to use ATODs often follows successful prevention interventions.
<i>Sensation Seeking</i>	Young people who seek out opportunities for dangerous, risky behavior in general are at higher risk for participating in drug use and other problem behaviors.
<i>Perceived Risk of Drug Use</i>	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
<i>Interaction with Antisocial Peers</i>	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
<i>Friends' Use of Drugs</i>	Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
<i>Rewards for Antisocial Behavior</i>	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
<i>Depressive Symptoms</i>	Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors.
<i>Gang Involvement</i>	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
<i>Peer-Individual Protective Factors</i>	
<i>Belief in the Moral Order</i>	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
<i>Religiosity</i>	Young people who regularly attend religious services are less likely to engage in problem behaviors.
<i>Interaction with Prosocial Peers</i>	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.
<i>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Rewards for Prosocial Involvement</i>	Young people who are rewarded for working hard in school and the community are less likely to engage in problem behavior.

## Data Tables

**Table 3. Number of Students Who Completed the Survey**

Number of Youth	Grade 8				Grade 10					Grade 12				
	Area 2006	Area 2008	State 2008	8-State	Area 2004	Area 2006	Area 2008	State 2008	8-State	Area 2004	Area 2006	Area 2008	State 2008	8-State
	160	134	6,227	n/a	26	52	141	5,810	n/a	39	80	124	4,874	n/a

**Table 4. Percentage of Students Who Used ATODs During Their Lifetime**

In your lifetime, on how many occasions (if any) have you... (One or more occasions)		Grade 8				Grade 10					Grade 12				
		Area 2006	Area 2008	State 2008	MTF	Area 2004	Area 2006	Area 2008	State 2008	MTF	Area 2004	Area 2006	Area 2008	State 2008	MTF
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	45.3	48.1	48.9	38.9	92.3	75.0	74.3	71.1	61.7	87.2	82.7	83.7	80.8	72.7
Cigarettes	smoked cigarettes?	20.7	25.2	22.7	22.1	57.7	51.0	36.4	37.7	34.6	51.4	54.8	53.7	50.1	46.2
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	13.0	12.1	10.4	9.1	34.6	35.3	26.4	23.5	15.1	35.1	28.4	29.8	30.9	15.1
Marijuana	have you used marijuana?	11.3	14.5	12.6	14.2	42.3	29.4	34.3	32.1	31.0	50.0	45.9	46.3	45.2	41.8
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	12.2	16.8	14.8	15.6	3.8	11.5	14.3	14.4	13.6	7.7	13.7	11.4	11.9	10.5
Hallucinogens	used LSD or other hallucinogens?	0.0	1.5	1.0	1.6	8.0	6.0	5.7	3.8	3.0	7.7	4.3	7.3	6.2	3.4
Cocaine	used cocaine or crack?	0.7	0.8	1.0	3.1	3.8	8.0	3.6	3.7	5.3	10.8	5.5	8.9	7.3	7.8
Methamphetamines*	used methamphetamines (meth, crystal, crank)?	0.7	1.5	0.4	1.8	n/a	3.9	2.1	1.7	2.8	n/a	6.8	2.4	2.5	3.0
Other Stimulants**	used stimulants other than methamphetamines (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them?	4.8	4.6	2.3	n/a†	3.8	1.9	3.6	6.7	n/a†	7.7	8.1	9.8	7.6	n/a†
Sedatives	used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	12.4	9.1	9.1	9.2	19.2	7.8	20.0	13.2	14.8	15.8	20.5	14.6	13.9	15.2
Heroin or Other Opiates	used heroin or other opiates?	0.7	0.8	0.7	1.3	4.2	3.9	1.4	2.0	1.5	5.3	5.5	4.9	2.9	1.5
Ecstasy	used Ecstasy ('X', 'E', or MDMA)?	1.3	1.5	1.0	2.3	4.2	5.9	7.9	3.6	5.2	2.7	5.6	11.4	5.1	6.5

\* Methamphetamines were not measured in survey administrations prior to 2006 (also denoted by 'n/a' in the data column).

\*\* While remaining roughly equivalent across years, there were minor changes in the wording of the Other Stimulants question between 2004 and subsequent administrations.

†MTF has no equivalent for the Other Stimulants question.

## Data Tables

**Table 5. Percentage of Students Who Used ATODs During the Past 30 Days**

In the past 30 days, on how many occasions (if any) have you... (One or more occasions)		Grade 8				Grade 10					Grade 12				
		Area 2006	Area 2008	State 2008	MTF	Area 2004	Area 2006	Area 2008	State 2008	MTF	Area 2004	Area 2006	Area 2008	State 2008	MTF
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	21.7	30.5	21.0	15.9	38.5	50.0	38.6	41.2	33.4	46.2	52.0	58.5	53.1	44.4
Cigarettes	smoked cigarettes?	7.7	3.8	7.8	7.1	34.6	26.9	14.3	17.0	14.0	26.3	25.7	25.2	23.9	21.6
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	5.9	5.3	3.6	3.2	19.2	19.6	15.7	10.7	6.1	26.5	9.5	14.0	15.0	6.6
Marijuana	have you used marijuana?	4.0	7.7	5.4	5.7	19.2	19.6	15.1	16.4	14.2	18.4	23.3	26.0	21.4	18.8
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	3.2	2.3	5.2	3.9	0.0	3.9	2.1	3.2	2.5	2.6	1.3	2.4	1.5	1.2
Hallucinogens	used LSD or other hallucinogens?	0.0	1.5	0.4	0.5	0.0	3.8	1.4	1.2	0.7	0.0	4.1	1.6	1.9	0.6
Cocaine	used cocaine or crack?	0.0	0.8	0.5	0.9	4.2	5.8	1.4	1.1	1.3	2.6	1.3	4.9	2.0	2.0
Methamphetamines*	used methamphetamines (meth, crystal, crank)?	0.0	0.8	0.1	0.6	n/a	1.9	0.7	0.5	0.4	n/a	4.1	1.6	0.4	0.6
Other Stimulants**	used stimulants other than methamphetamines (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them?	0.6	2.3	1.1	n/a†	0.0	0.0	1.4	2.5	n/a†	0.0	4.0	3.3	2.0	n/a†
Sedatives	used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	4.1	4.5	4.1	3.0	0.0	3.8	8.6	5.7	4.6	2.6	12.0	6.6	5.1	4.6
Heroin or Other Opiates	used heroin or other opiates?	0.0	0.8	0.3	0.4	0.0	3.9	0.7	0.7	0.4	0.0	2.8	2.5	0.9	0.4
Ecstasy	used Ecstasy ('X', 'E', or MDMA)?	0.0	1.5	0.4	0.6	0.0	1.9	1.4	1.3	1.2	0.0	1.4	7.3	1.0	1.6

\* Methamphetamines were not measured in survey administrations prior to 2006 (also denoted by 'n/a' in the data column).

\*\* While remaining roughly equivalent across years, there were minor changes in the wording of the Other Stimulants question between 2004 and subsequent administrations.

†MTF has no equivalent for the Other Stimulants question.

## Data Tables

**Table 6. Percentage of Students With Heavy ATOD Use**

		Grade 8				Grade 10					Grade 12				
		Area 2006	Area 2008	State 2008	8-State	Area 2004	Area 2006	Area 2008	State 2008	8-State	Area 2004	Area 2006	Area 2008	State 2008	8-State
Binge Drinking	How many times have you had 5 or more alcoholic drinks in a row in the past 2 weeks? (One or more times)	14.3	18.2	11.0	n/a	26.9	30.6	26.6	25.7	n/a	28.9	29.7	42.1	36.9	n/a
1/2 Pack of Cigarettes/Day	During the past 30 days, how many cigarettes did you smoke per day? (11 to 20 cigarettes, More than 20 cigarettes)	0.7	0.8	0.4	n/a	0.0	1.9	0.0	0.8	n/a	0.0	1.4	0.8	1.4	n/a

**Table 7. Percentage of Students With Antisocial Behavior**

		Grade 8				Grade 10					Grade 12				
		Area 2006	Area 2008	State 2008	8-State	Area 2004	Area 2006	Area 2008	State 2008	8-State	Area 2004	Area 2006	Area 2008	State 2008	8-State
<b>How many times in the past year (12 months) have you: (One or more times)</b>															
Been Suspended from School		8.4	21.4	12.4	17.5	0.0	9.6	14.2	9.9	12.8	12.8	5.0	10.5	7.1	9.3
Been Drunk or High at School		9.9	9.8	8.2	10.3	34.6	30.0	26.2	21.3	17.7	28.9	30.8	25.0	25.3	19.2
Sold Illegal Drugs		0.7	5.3	2.4	3.6	4.0	10.0	8.6	8.0	7.4	12.8	19.2	12.1	9.3	8.4
Stolen or Tried to Steal a Motor Vehicle		3.2	3.8	2.9	3.7	0.0	5.9	4.3	3.0	3.8	2.6	8.9	4.0	2.0	2.1
Been Arrested		3.3	5.3	5.7	7.1	3.8	11.5	5.0	7.0	8.0	2.6	6.3	11.4	7.2	7.2
Attacked Someone with the Idea of Seriously Hurting Them		14.1	14.3	14.5	16.7	3.8	16.3	13.5	13.8	15.5	5.1	11.7	14.5	10.0	12.7
Carried a Handgun		4.7	13.6	8.8	5.9	15.4	5.9	12.8	9.7	5.3	10.3	10.3	9.7	9.0	5.1
Carried a Handgun to School		0.0	0.8	0.7	0.9	0.0	5.9	2.1	1.1	1.1	0.0	1.3	3.2	1.2	1.0
<b>During the past 30 days, how many times did you: (One or more times)</b>		Grade 8				Grade 10					Grade 12				
		Area 2006	Area 2008	State 2008	8-State	Area 2004	Area 2006	Area 2008	State 2008	8-State	Area 2004	Area 2006	Area 2008	State 2008	8-State
DRIVE a car or other vehicle when you had been drinking alcohol?*		n/a	5.3	3.7	n/a	n/a	n/a	15.0	13.2	n/a	n/a	n/a	28.7	25.3	n/a
RIDE in a car or other vehicle driven by someone who had been drinking alcohol?*		n/a	36.6	29.5	n/a	n/a	n/a	41.7	32.6	n/a	n/a	n/a	38.2	37.1	n/a

\* These categories were not measured in survey administrations prior to 2008 (also denoted by 'n/a' in the data column).

## Data Tables

**Table 8. Percentage of Students Reporting Protection**

Protective Factor	Grade 8				Grade 10					Grade 12				
	Area 2006	Area 2008	State 2008	8-State	Area 2004	Area 2006	Area 2008	State 2008	8-State	Area 2004	Area 2006	Area 2008	State 2008	8-State
<b>Community Domain</b>														
Opportunities for Prosocial Involvement	73.3	59.2	72.1	59.4	66.7	77.1	70.0	72.1	58.9	72.4	77.9	70.8	75.4	60.5
Rewards for Prosocial Involvement	55.6	48.0	55.3	52.6	56.0	70.6	47.5	49.8	47.4	64.7	64.3	56.1	50.9	47.5
<b>Family Domain</b>														
Family Attachment	55.2	47.9	55.7	52.5	66.7	63.3	58.6	58.7	56.9	75.8	59.0	55.4	62.4	58.7
Opportunities for Prosocial Involvement	66.0	54.6	64.9	62.5	76.0	64.7	51.8	58.0	56.9	69.4	62.9	60.7	60.0	57.7
Rewards for Prosocial Involvement	52.1	39.0	49.8	49.9	70.8	54.0	54.0	56.7	56.8	64.7	62.7	59.0	58.6	56.9
<b>School Domain</b>														
Opportunities for Prosocial Involvement	71.5	49.3	66.6	62.2	53.8	67.3	52.5	66.3	61.9	76.3	62.5	67.7	67.3	62.6
Rewards for Prosocial Involvement	67.1	47.0	59.0	53.1	53.8	75.0	63.6	68.9	62.1	69.2	50.0	52.4	53.7	47.2
<b>Peer-Individual Domain</b>														
Belief in the Moral Order	64.7	62.9	65.7	59.7	46.2	55.8	57.6	52.7	50.7	71.8	59.0	57.7	53.6	53.2
Religiosity	40.0	34.8	49.0	60.7	26.9	44.2	33.8	43.8	58.8	39.5	37.2	25.2	38.3	
Interaction with Prosocial Peers	62.3	47.3	60.4	55.4	38.5	59.6	54.0	54.0	56.6	48.7	39.5	49.6	50.9	54.7
Prosocial Involvement	74.0	57.9	62.1	54.3	53.8	69.2	63.1	57.8	54.2	61.5	59.5	57.3	58.7	55.6
Rewards for Prosocial Involvement	58.1	42.0	56.0	50.1	50.0	65.2	64.4	59.0	58.4	67.6	53.9	71.8	63.5	59.8
<b>Total Protection</b>														
Students with High Protection*	68.1	49.3	65.0	52.2	50.0	75.0	61.7	64.8	53.9	61.5	65.0	62.9	64.4	54.5

\* High Protection youth are defined as the percentage of students who have five or more protective factors operating in their lives.



# Data Tables

**Table 9. Percentage of Students Reporting Risk**

Risk Factor	Grade 8				Grade 10					Grade 12				
	Area 2006	Area 2008	State 2008	8-State	Area 2004	Area 2006	Area 2008	State 2008	8-State	Area 2004	Area 2006	Area 2008	State 2008	8-State
<b>Community Domain</b>														
Low Neighborhood Attachment	31.8	40.9	32.9	36.6	37.5	26.9	41.1	38.2	41.5	41.7	42.9	46.3	40.4	45.1
Community Disorganization	33.1	48.8	38.6	46.8	20.8	45.1	39.7	38.8	45.9	48.6	39.4	40.7	38.6	43.0
Laws & Norms Favor Drug Use	38.3	60.5	41.3	42.5	60.0	59.6	53.9	41.4	40.2	88.9	58.8	57.5	53.7	46.9
Perceived Availability of Drugs	37.6	48.8	39.8	41.0	48.0	36.0	48.9	45.6	46.9	45.9	44.6	38.8	44.0	49.6
Perceived Availability of Handguns	61.6	54.1	48.0	38.4	54.2	50.0	51.1	38.2	29.7	68.6	53.1	42.1	43.0	35.3
<b>Family Domain</b>														
Poor Family Management	42.0	51.6	41.0	41.3	46.2	39.2	35.5	37.4	39.6	37.8	42.2	41.0	40.4	42.3
Family Conflict	36.7	35.0	34.9	37.7	19.2	31.4	41.1	39.5	40.8	27.8	42.2	35.0	33.8	37.5
Family History of Antisocial Behavior	36.3	38.7	38.0	42.0	46.2	38.8	49.3	43.5	44.3	58.3	39.7	48.4	44.9	44.8
Parent Attitudes Favorable to ASB	53.3	55.6	53.1	45.4	76.0	60.4	50.7	57.8	47.0	51.7	60.9	58.8	57.0	44.4
Parent Attitudes Favor Drug Use	37.7	37.4	32.0	28.3	66.7	53.1	50.0	48.5	40.8	61.3	53.8	58.8	51.4	41.3
<b>School Domain</b>														
Academic Failure	43.4	45.4	40.9	45.5	38.5	50.0	48.6	44.8	45.0	46.2	43.6	36.6	39.3	41.2
Low Commitment to School	47.1	62.7	50.5	45.5	80.8	45.1	46.8	46.6	42.9	51.3	52.6	43.9	46.7	45.4
<b>Peer-Individual Domain</b>														
Rebelliousness	38.5	36.1	36.1	39.8	30.8	40.4	48.6	43.4	43.5	31.6	44.7	39.8	39.5	40.4
Early Initiation of ASB	20.6	32.3	25.8	37.6	15.4	21.6	33.3	30.2	38.2	39.5	26.9	29.3	27.9	36.3
Early Initiation of Drug Use	38.5	40.9	35.4	44.5	46.2	37.3	35.3	33.3	41.6	56.8	50.7	40.9	39.0	46.4
Attitudes Favorable to ASB	32.7	42.9	40.2	38.6	46.2	51.0	48.9	50.2	44.1	38.5	46.2	55.3	48.1	41.1
Attitudes Favorable to Drug Use	35.8	39.4	33.0	39.1	69.2	53.1	51.1	50.0	45.0	48.7	51.9	60.5	51.3	43.2
Intentions to Use	25.7	35.9	29.9	32.5	69.2	53.8	44.6	45.0	41.2	55.6	51.9	59.8	53.7	44.5
Perceived Risk of Drug Use	28.7	45.4	35.3	39.1	68.0	52.0	48.6	50.6	46.0	37.5	44.6	52.5	47.4	36.9
Interaction with Antisocial Peers	28.1	31.8	28.5	39.2	36.0	32.7	38.7	33.2	38.3	45.7	27.6	34.7	29.9	34.9
Friend's Use of Drugs	42.8	39.5	40.7	47.1	61.5	60.4	39.4	44.4	45.2	38.5	40.0	39.8	40.9	40.3
Sensation Seeking	46.5	59.1	52.6	44.3	57.7	53.8	46.4	53.4	42.7	48.7	49.4	56.5	52.4	42.7
Rewards for ASB	32.2	52.3	31.8	40.9	70.8	51.0	54.8	47.1	44.9	64.5	62.5	61.0	54.0	45.8
Depressive Symptoms	49.4	44.3	42.4	48.2	44.0	44.2	41.7	41.2	47.5	39.5	33.3	32.5	35.9	41.3
Gang Involvement	8.9	8.3	8.2	9.9	0.0	1.9	7.8	7.0	6.9	0.0	5.0	6.5	4.9	4.7
<b>Total Risk</b>														
Students at High Risk*	43.8	58.2	47.4	44.8	73.1	57.7	59.6	52.0	44.2	61.5	45.0	58.1	52.8	43.7

\* *High Risk* youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives.  
(8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors)

## Data Tables

**Table 10. Sources of Alcohol Use**

When I drank alcohol during the past year I...	Grade 8		Grade 10		Grade 12	
	Area 2008	State 2008	Area 2008	State 2008	Area 2008	State 2008
<i>Sample size*</i>	50	1,993	90	3,381	96	3,382
I bought it myself with a fake ID	2.0	1.5	0.0	1.7	6.2	3.9
I bought it myself without a fake ID	2.0	1.3	2.2	2.6	3.1	6.2
I got it from someone I know age 21 or older	34.0	31.4	54.4	54.1	67.7	69.3
I got it from someone I know under age 21	36.0	20.6	44.4	34.1	32.3	31.5
I got it from my brother or sister	8.0	10.5	13.3	12.8	12.5	12.2
I got it from home with my parents' permission	26.0	23.7	17.8	17.1	24.0	16.2
I got it from home without my parents' permission	22.0	26.6	23.3	22.2	11.5	15.6
I got it from another relative	8.0	13.9	12.2	10.6	9.4	9.2
A stranger bought it for me	8.0	3.6	5.6	8.7	6.2	10.6
I took it from a store or shop	2.0	2.9	2.2	3.9	3.1	2.5
Other	24.0	29.0	28.9	25.0	19.8	19.6

\* Students were asked to choose all options that applied to them, with one option being "I did not drink alcohol in the past year." Sample size represents the number of youth who chose at least one source of obtaining alcohol. Students who marked "I did not drink alcohol in the past year" were not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

**Table 11. Age of Initiation**

Average Age of Onset* (How old were you when you first...)	Substance	Area 2008					
		Grade 8		Grade 10		Grade 12	
		Age	Sample	Age	Sample	Age	Sample
had more than a sip or two of beer, wine or hard liquor?	Alcohol	12.5	132	13.6	139	14.2	124
began drinking alcoholic beverages regularly, that is, at least once or twice a month?	Regular Alcohol Use	14.1	133	14.7	139	15.6	123
smoked a cigarette, even just a puff?	Cigarettes	12.3	131	12.8	140	14.0	123
smoked marijuana?	Marijuana	13.3	132	14.4	141	14.2	123

\* "Sample" represents the number of youth who answered the question (including student who did not use). "Age" is calculated using only the students in the sample reporting any age of first use for the specified substance other than "Never Used."

## Contacts for Prevention

**Montana Department of Public Health and Human Services,  
Addictive and Mental Disorders Division,  
Chemical Dependency Bureau**  
P.O. Box 202905  
Helena, MT 59620-2905  
(406) 444-3907

Joan Cassidy, Bureau Chief  
(406) 444-6981  
[jcassidy@mt.gov](mailto:jcassidy@mt.gov)

Jackie Jandt, Planning and Outcome Officer

- Substance Abuse Prevention and Treatment Block Grant
- Strategic Prevention Framework State Incentive Grant

Prevention Needs Assessment Project Director  
(406) 444-9656  
[jjandt@mt.gov](mailto:jjandt@mt.gov)

**Office of Public Instruction**  
Susan Court,  
Youth Risk Behavior Survey Project Director  
(406) 444-3178  
(406) 444-1963  
[scourt@mt.gov](mailto:scourt@mt.gov)

**WestCAPT Coordinator for Montana**  
Eric Albers  
University of Nevada, Reno  
Reno, NV 89557  
(775) 682-8711  
[ealbers@casat.org](mailto:ealbers@casat.org)  
<http://captus.samhsa.gov/western/western.cfm>

**This Report Was Prepared for the State of Montana by:**  
**Bach Harrison, L.L.C.**  
116 S. 500 E.  
Salt Lake City, UT 84102  
(801) 359-2064  
<http://www.bach-harrison.com>

### Additional Information About the Montana Prevention Needs Assessment Survey

The survey booklets were designed and scanned, the data analyzed, and the various reports produced by Bach Harrison, L.L.C., under contract with the Chemical Dependency Bureau. Questions regarding the survey can be directed to Jackie Jandt, PNA Project Director, Chemical Dependency Bureau, Addictive and Mental Disorders Division, Department of Public Health and Human Services, PO Box 202905, Helena, MT 59620-2905, phone (406) 444-9656, fax (406) 444-9389, or e-mail [jjandt@mt.gov](mailto:jjandt@mt.gov).

Additional information on risk and protective factors, additional PNA data, and electronic versions of this report and other reports can be found at the Montana Prevention Resource Center Website – [www.prevention.mt.gov](http://www.prevention.mt.gov). To find additional information, data, and reports, go to the Montana Prevention Resource Center Website, select the "Statistics" toolbar, and then select the link for "Montana Prevention Needs Assessment."